

What is Stepped Care 2.0?

Stepped Care 2.0 © (SC2.0) is a transformative **model** for mental health and addictions services. Developed in Canada by Dr. Peter Cornish, the person-centred approach organizes and delivers evidence-based programming aligned with recovery principles. SC2.0 improves equitable access to a variety of wellness and mental health resources. Its framework enables the appropriate distribution of timely and accessible care, including the flexibility to meet people's wide-ranging needs and preferences. In doing so, the model aims to find the right balance between wellness promotion, illness prevention, treatment intensity, and risk management.

Based on the Stepped Care in the U.K., SC2.0 was first implemented as a campus mental health framework at Memorial University. It was then scaled up provincially in Newfoundland and Labrador through a Mental Health Commission of Canada (MHCC) demonstration project in Newfoundland and Labrador which showed **the model contributed to a 68 per cent reduction in wait times and was well received by both clients and providers¹**.

SC2.0 is now being implemented in other provinces and territories through an MHCC partnership with Stepped Care Solutions, which provides support on SC2.0 implementation, training/consultation, project management, evaluation, and knowledge exchange.^{2,3}

“SC2.0 offers a system for developing, adjusting, delivering, and monitoring recovery-oriented programs, while promoting responsibility, autonomy, and resilience.

– Dr. Peter Cornish

The foundational values and philosophies upon which the SC 2.0 model is built:

1. Social justice drives effective care systems transformation and is an intervention in itself.
2. Multiple and diverse care options are required as one approach will not work for everyone.
3. All individuals and communities have strength and capacity.
4. People engage with what they are ready to do; gold standard intervention is that which best fits the service user at any given time.
5. Professionals do not carry all the wisdom; people often know what is best for them.
6. Mental health literacy is required for people to make informed decisions.
7. An effective care system ensures people have access to care when and where it is needed.
8. The whole is greater than the sum of its parts; the strength of the system relies on multilevel collaboration.
9. Minimal interventions can produce powerful results.
10. There is no ideal solution; trial-and-error leads to growth and change.

¹Mental Health Commission of Canada. (2019). *Newfoundland and Labrador Stepped Care 2.0 e-mental health demonstration project*. <https://www.mentalhealthcommission.ca/English/media/4279>

²Mental Health Commission of Canada. (2020, October 15). *Nova Scotia Health partners with Mental Health Commission of Canada to launch Stepped Care 2.0 © E-Mental Health project* [Press release]. <https://www.mentalhealthcommission.ca/English/news-article/14002/nova-scotia-health-partners-mental-health-commission-canada-launch-stepped-care>

³Mental Health Commission of Canada. (2020, August). *Mental Health Project Aims to Improve Care and Reduce Wait Times for NWT Residents* [Press release]. <https://www.mentalhealthcommission.ca/English/news-article/13983/mental-health-project-aims-improve-care-and-reduce-wait-times-nwt-residents>



What is the value of Stepped Care 2.0?

Because the failure to meet mental health needs comes at a high cost,² SC2.0 offers people access to help at **the point of need** and **the point of readiness**. That is, SC2.0 is designed to meet people's needs with the least intensive and most effective options, with shared benefits to the people accessing care and to the providers.

How it helps clients:



- ~80 per cent of clients reported that lower intensity options (such as e-mental health tools) met at least some of their needs.

“Before SC2.0, *“It was like waiting to get access to a backhoe when all you need is a shovel.”*

– Person with lived experience ”

How it helps health care providers:



- They saw SC2.0 as evidence based and effective in helping their practices evolve.
- They reported much greater knowledge of the stages of change and self-efficacy to enact change.

“The biggest difference with the walk-ins, single session, and e-mental health is that I have more time and flexibility. Clients come in or book a time with me when they want service [which] opens up my schedule.”

- Care provider ”

How is SC2.0 different from other stepped models of care?

SC2.0 is unique in its client-centric and recovery-oriented approach to care, and in the way the model itself is designed and implemented.

- It is an **open** and **flexible** model that lets people have open access to care on the same day they show up. Sessions are guided by what the client chooses to focus on, rather than an inflexible assessment that may not fit their immediate needs. Clients start with the lowest intensity of care that meets their needs, level of readiness, and preference, relying less heavily on symptom severity and complexity.
- If one service does not meet the person's needs, they are supported to find and try other options. A key principle of SC2.0 is modelled on the practice that mental health care works best when it fits each person and their circumstances, and that treatment is adjusted based on ongoing monitoring of their progress.
- Services provided within SC2.0 follow a single-session thinking approach; providers focus on clients' strengths, follow solution-focused principles, and work to optimize each session without assuming that follow-up sessions are needed.
- The model is co-designed with shared community and client responsibility. It includes a range of both formal and informal services, including traditional and innovative e-mental health services, and it fosters community protective factors by including health promotion services.

⁴Mental Health Commission of Canada. (2013). *Strengthening the Case for Investing* [Backgrounder]. <https://www.mentalhealthcommission.ca/English/case-for-investing-backgrounder>



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STEPED CARE
SOLUTIONS



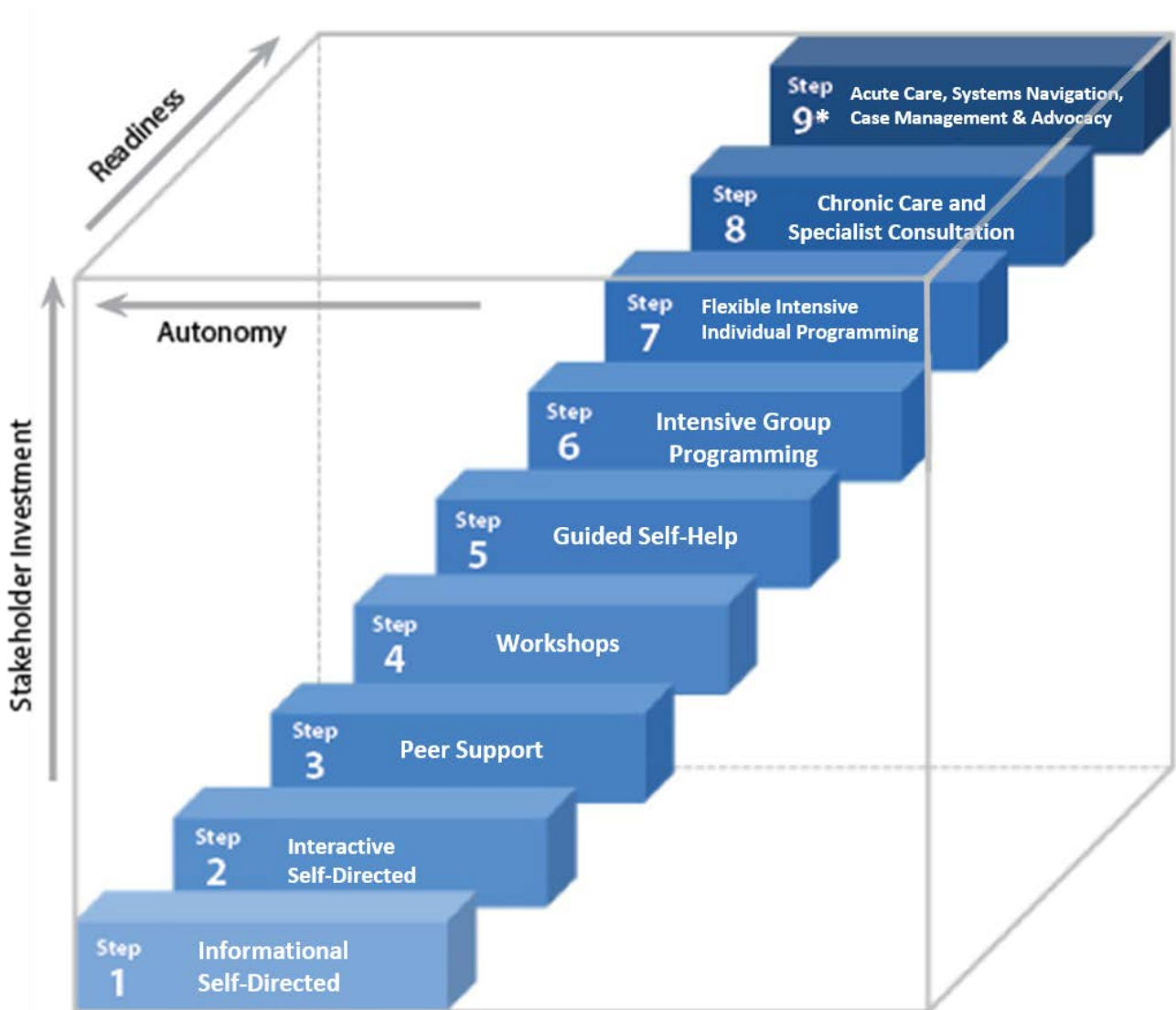
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The Nine-Step Framework

The SC2.0 model for system of care is organized around nine steps. Implementing SC2.0 involves selecting services (e.g., e-mental health interventions, self-help, group programming, in-person therapy) that align with these steps. As steps increase in intensity, **stakeholder investment** (i.e., time, effort, and cost) and **client readiness** to engage also increase.

Client autonomy is greatest in the lower steps and decreases in the higher steps. In the highest levels of care, clients are autonomous to the best of their ability at a given time.



Each community's SC2.0 model will be grounded in the nine-step framework with flexibility to select the services that will be offered. Steps 1 to 4 are considered low intensity, Steps 5 to 7 are medium intensity, and 8 and 9 are high. **In acute care, readiness may be low for involuntary hospital admissions.*

Core Components of Stepped Care 2.0

The SC2.0 model is made up of nine **core components**, which are **essential features**, or **key ingredients** that directly contribute to the effectiveness of the model in producing positive outcomes.

Core Components 1-5: Model Design & Improvement

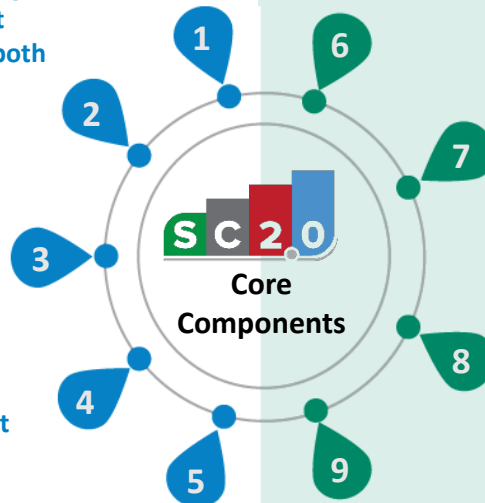
These describe the essential functions of both the initial design and the ongoing implementation and improvement of the model.

1. Key stakeholders are engaged throughout the co-design process.
2. Services populating the model align to a variety of step levels, reflect various intensities, and include both formal and informal services.
3. Risk management is evidence-informed, distributed, and effectively addresses stigma inherent in the dominant risk paradigm.
4. Continuous service improvement is achieved through ongoing monitoring and improvement cycles.
5. Recovery-oriented practice is demonstrated clearly and consistently.

Core Components 6-9: Client's Care Experience

These define the individual client's therapeutic experience of receiving care.

6. Clients have same day access to multiple levels of care.
7. Treatment is guided by single-session thinking.
8. Treatment planning is flexible and responsive by strategically reviewing client data and making data-informed adjustments as needed.
9. Treatment planning is client-centric.



For more information on SC2.0, contact us at steppedcare2.0@mentalhealthcommission.ca, and see Dr. Peter Cornish's book *Stepped Care 2.0: A Paradigm Shift in Mental Health*.



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